

Advanced Biomedical Collaboratory

Access Grid Retreat 2004

Ryerson University, Toronto, Canada

June 9th Showcase

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Argonne National Lab



University of Chicago

Outline of Talk

- Introduction to the ABC Lab
- Challenges motivating Distributed Medical Visualization by Access Grid
- Demonstration and slides describing technologies and features
- Conclusions and future work



ABC Lab Collaborators

- Participating Groups
 - Futures Laboratory of ANL
 - The Computation Institute of Argonne National Laboratory (ANL) and The University of Chicago
 - The University of Chicago Hospitals
 - UC Department of Surgery
 - UC Department of Anesthesia
 - UC Developing Center for Patient Safety
 - UC Department of Radiology
 - UC Department of Emergency Medicine
 - Rhode Island Hospital Medical Simulation Center
 - University of Illinois at Chicago Electronic Visualization Laboratory
- Advisory and contracted support
 - Clinicians at more than 5 other major medical centers nationally
 - General Devices
 - International Emergency Medicine Disaster Specialists
 - Peter Jurek
 - Sapien Systems
 - William McGaghie
- Direct Funding
 - National Library of Medicine
 - University of Chicago
 - Provost Program for Academic Technology Innovations
 - University of Chicago Hospitals
 - Department of Surgery



Advanced Biomedical (Tele)-Collaboration

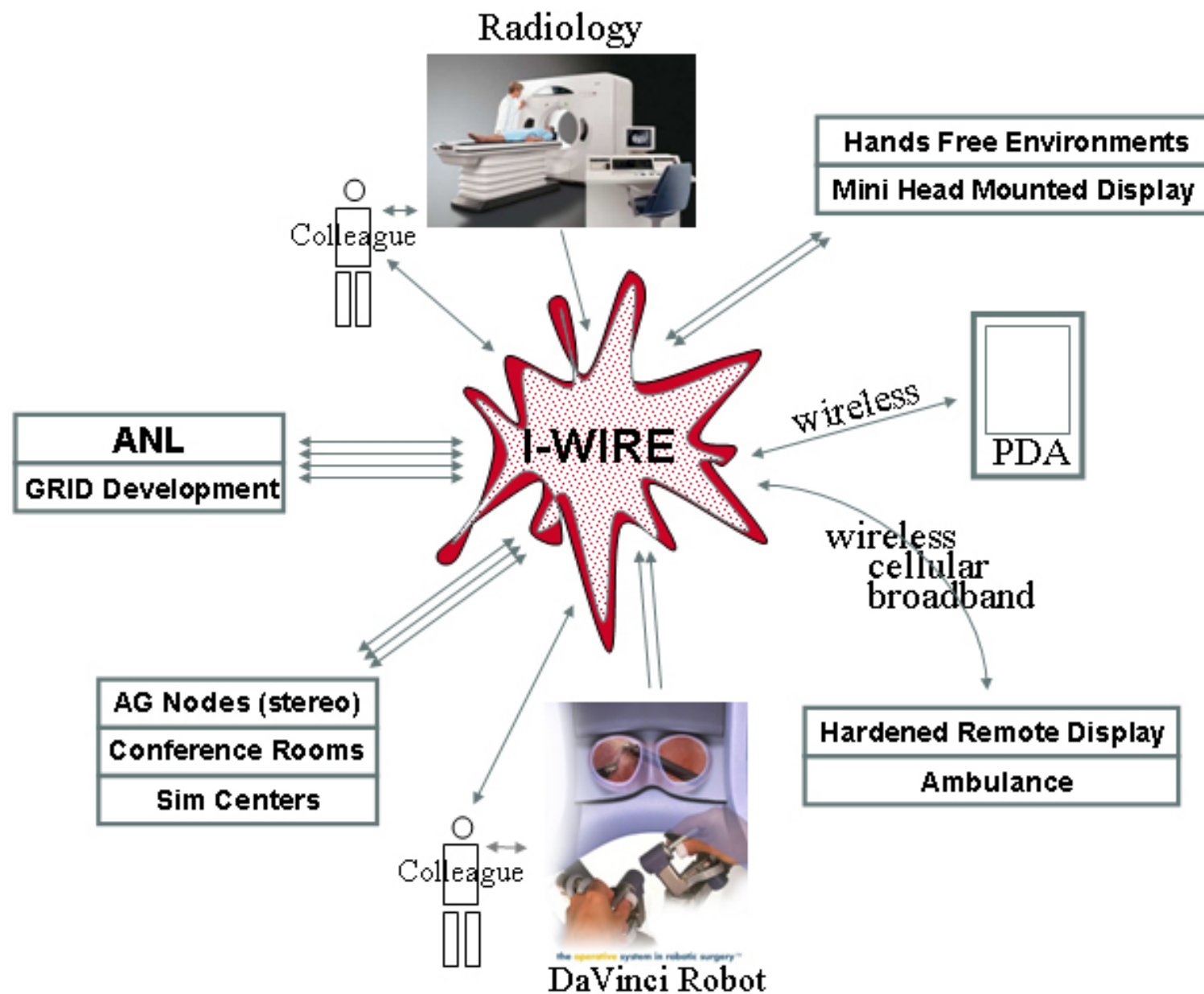
Synchronous participation among biomedical professionals in complex environments (at distributed locations)

Key area of focus for us: Convergence of visualization and networking technologies in biomedicine



Advanced Biomedical Collaboration Testbed (ABC Testbed)

- Biomedical research, education, and the practice of medicine have become socially complex, team-oriented activities with the associated danger of dis-coordination under adverse conditions.
- Advanced biomedical tele-collaboration combines
 - Grid computation
 - Mobile computing platforms
 - Compelling scientific visualization
 - Applications that permit collaborators to see each other in real time (AG)
 - Remote control/distributed computing
 - Computer-in-the-loop instrumentation
 - Colleague-in-the-loop instrumentation
- Biomedical tele-collaboration is perfectly analogous to tele-medicine except that the people who are collocating are all biomedical professionals sharing scientific, didactic or clinical information colored by their own experience.



Identified Challenges in Surgical Education and Practice

- Rapid expansion of knowledge
- Limited availability of biological materials for training and simulation
- Limited availability of expert surgeons
- Increasingly specialized procedures
- Application of teleconferencing, telepresence, and virtual reality as solutions

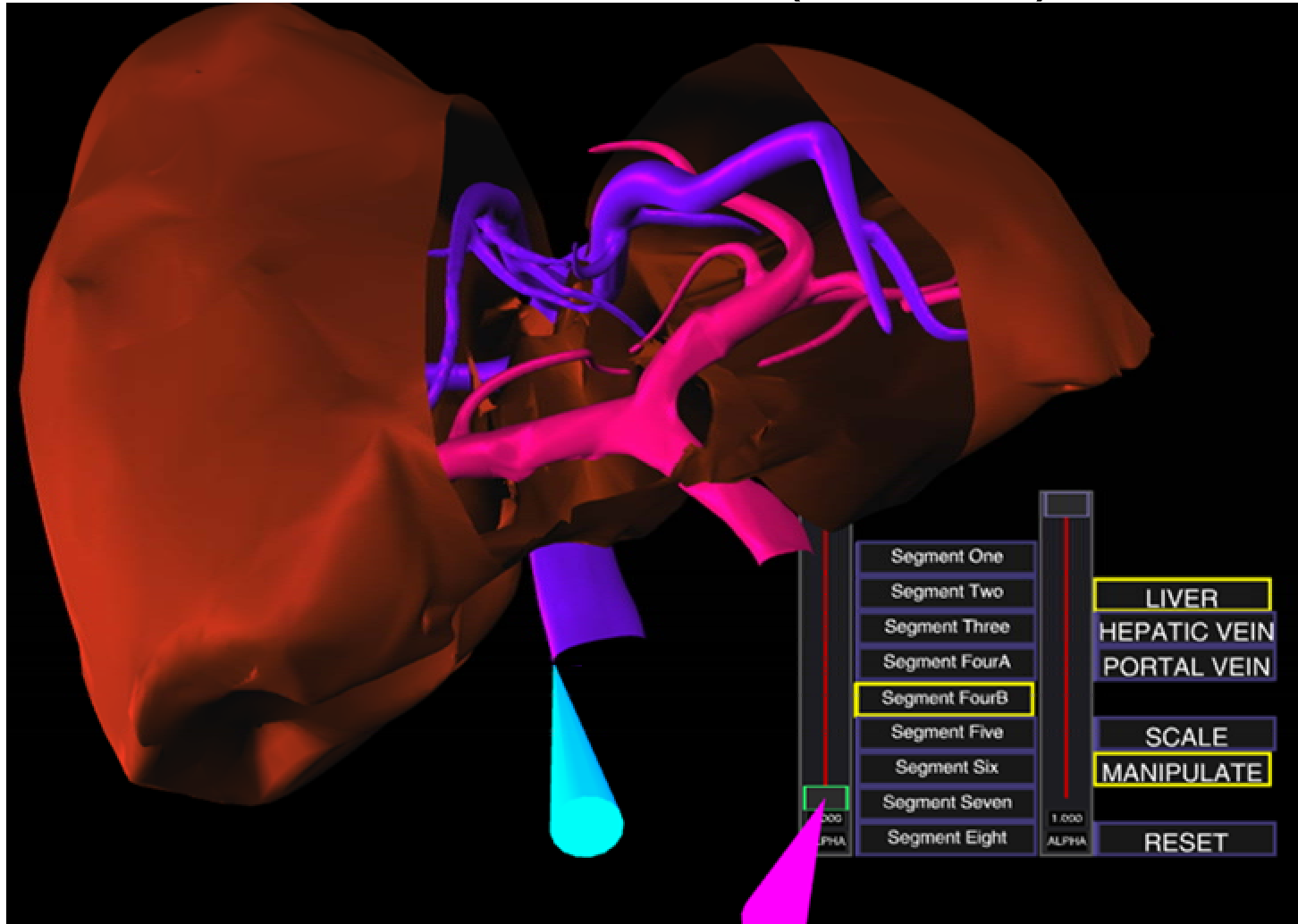


Three-Dimensional Anatomy

- Highly complex
- Critical to understanding common problems
- Surgeon's conceptual visualization difficult to achieve with 2D illustrations or photos
- Cadaver dissection is even difficult
- Our Prior Solution: Manipulate Computer-Generated Visualizations in Networked ImmersaDesks (using Globus Toolkit)



Immersive Hepatic Surgery Educational Environment (IHSEE)



Challenges in Radiological Visualization

- Rapid expansion of knowledge and tools
 - Data will be so voluminous that it will become impossible to interpret without advanced visualization techniques
 - For example: New Philips 40-slice CT scanner coming to UCH
- Conformance to standards historically poor
 - DICOM as solution
- Limited availability of expert radiologists
 - Increasingly specialized procedures requiring surgeon direct access to visualization tools and colleagues in real time to generate detailed patient-specific visualizations
- Visualization technically complicated
 - Multiple locations for acquisition, pre-processing, and display
 - “larger than desktop” visualization engines
 - Security issues
- Solution: Application of Access Grid and other Grid technologies



Rigorous Exploration of Medical Data in Collaborative Virtual Reality Applications

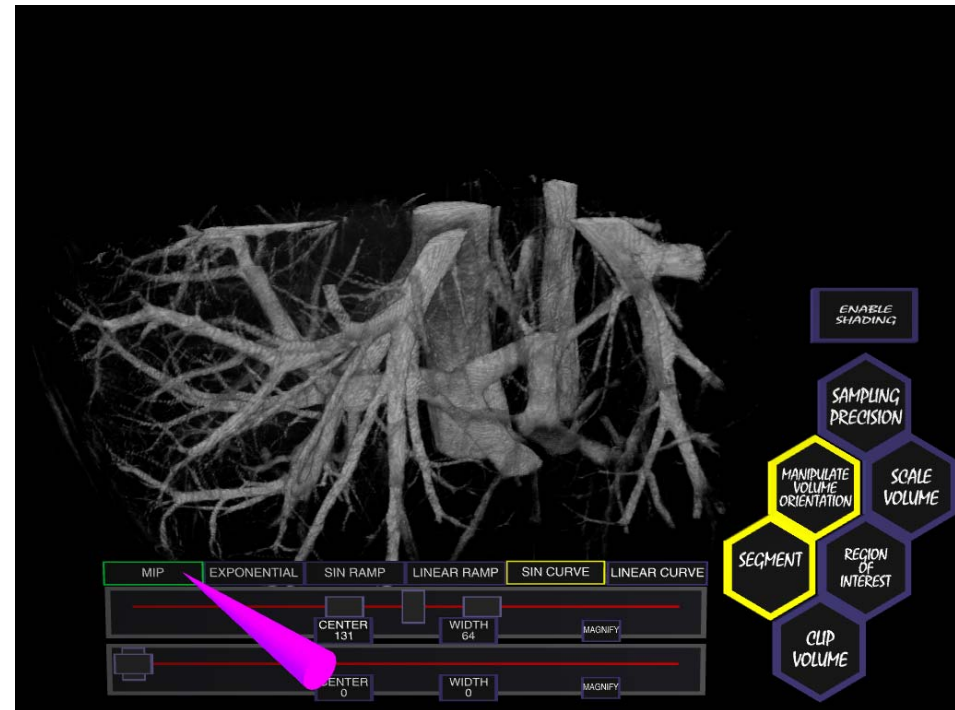
Distributed, collaborative, stereoscopic visualization and high precision manipulation of volumetric data

Collaborators:

Depts. of Radiology, UIC and UC

Electronic Visualization Lab, UIC

Math & Computer Science Div., ANL



This project has been funded in part with Federal funds from the National Library of Medicine, National Institutes of Health, under Contract No. N01-LM-9-3543 and Grant R01-LM-06756-01.

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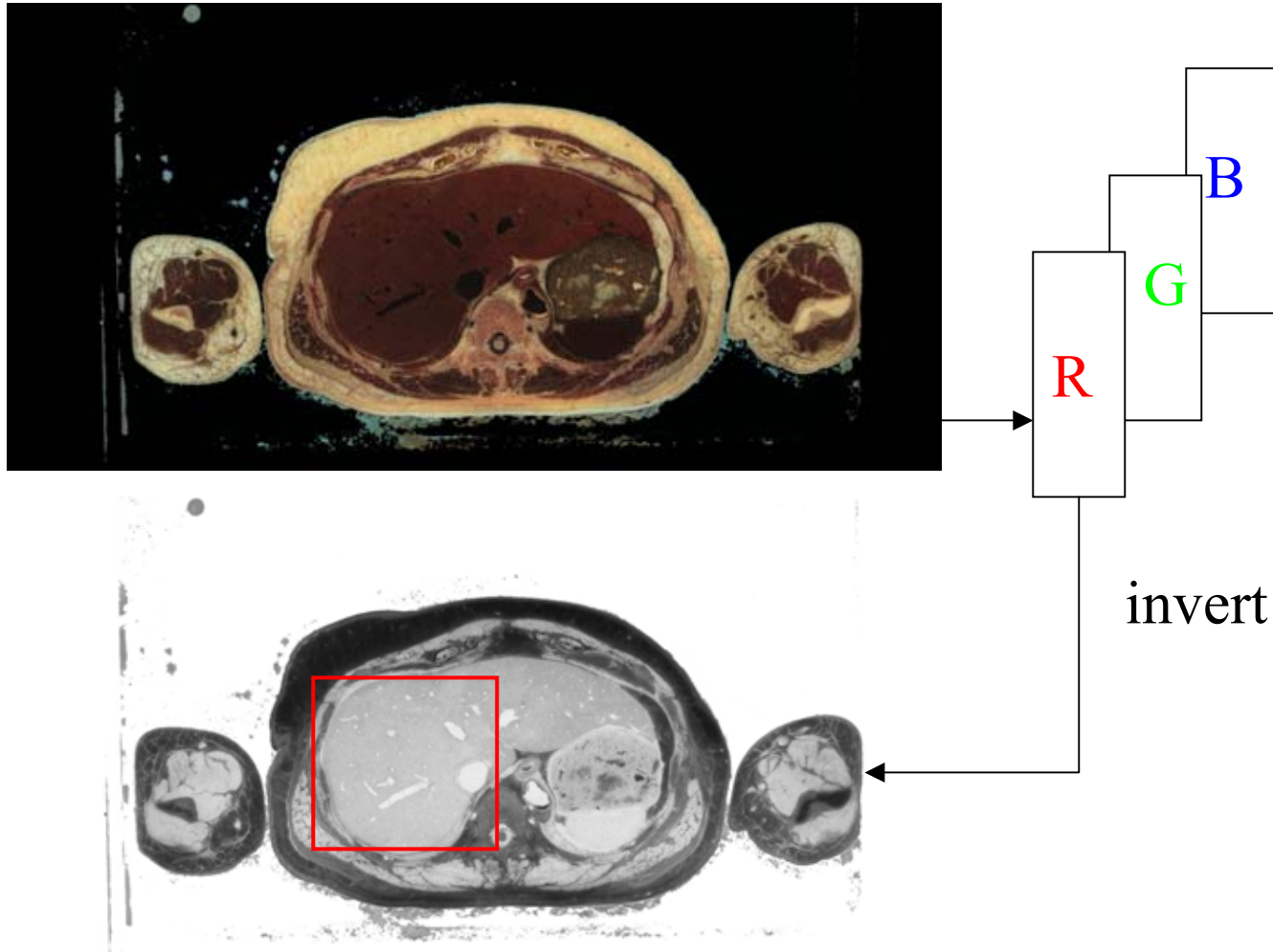
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Collaborative Virtual Reality Features Implemented

- Persistent Server-Client Tele-Collaboration
 - Distributed application control, Synchronization, Audio and video channels sharing
- Model selection, Transparency of Elements
- Translate, Rotate, Scale
- Automatic DICOM import
- Segmentation
- Region of Interest
- Sampling Precision
- Arbitrary Clipping Plane



Visible Human Female 2048x1024xRGB
-subsampled to 128x128x117 (~1.3mmvoxels)

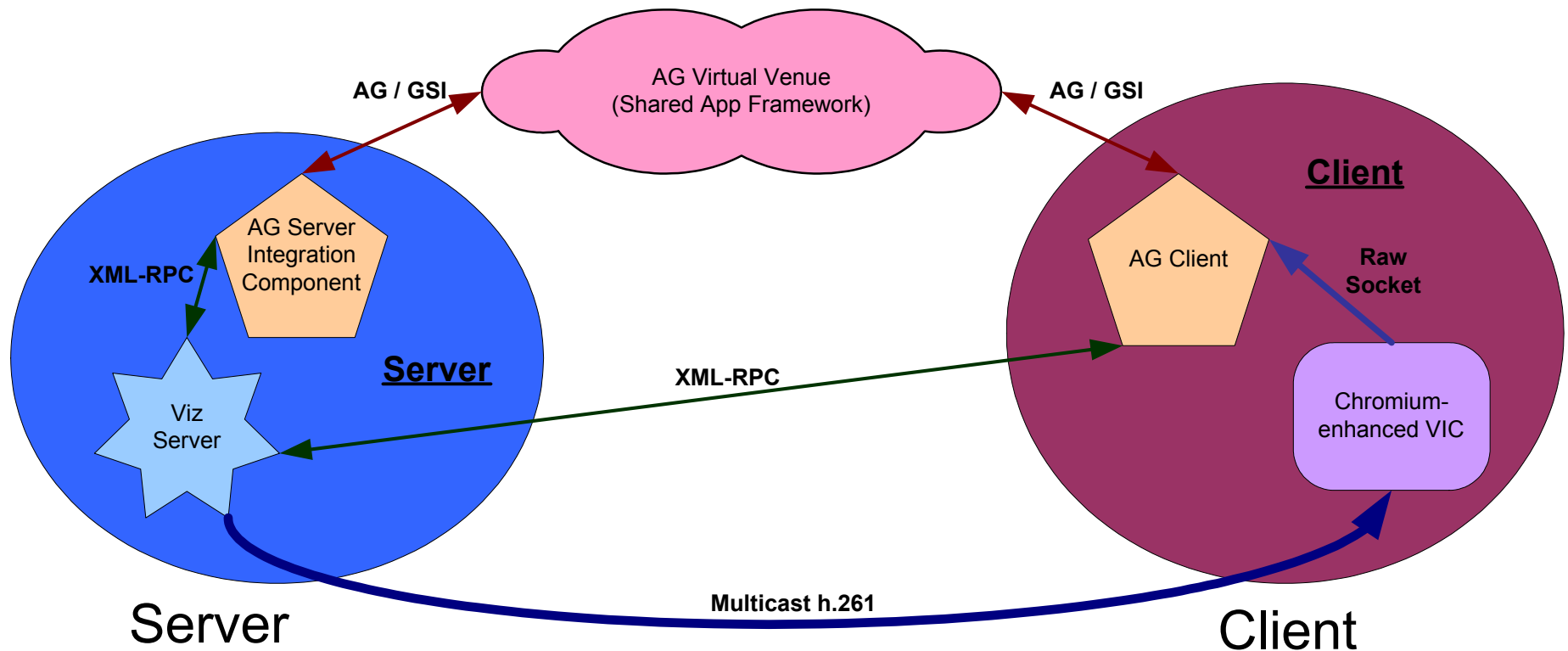


DICOM Data (clinical acquisition)

- MR Angiogram – Magnetic Resonance Imaging enhanced with Gadolinium
- 56 slices
- Coronal sections
- In plane resolution: 1.3mm pixels
- Slice resolution: 1.2mm
- Volumetric resolution: 256x256x56



Distributed Medical Visualization: Framework Diagram



Distributed Medical Visualization: Framework Overview

- Four essential components
 - Visualization server
 - Server-side AG integration component
 - Client-side AG integration component and GUI
 - Specialized VIC for client-side visualization display
- Access Grid used for GUI synchronization and application startup
- Out-of-band (XML-RPC) communication used for handling of high-frequency events and server state changes (i.e., mouse events)

Distributed Medical Visualization: Server Component

- Visualization Server
 - Utilizes XML-RPC interface for control
 - Utilizes Chromium / FLX for high-resolution shared display
 - Utilizes VTK for volume rendering
- Server-side AG integration
 - Provides necessary startup information in AG Shared Application data space
 - Responds to *load* requests by retrieving data from the venue and passing it to the Visualization Server

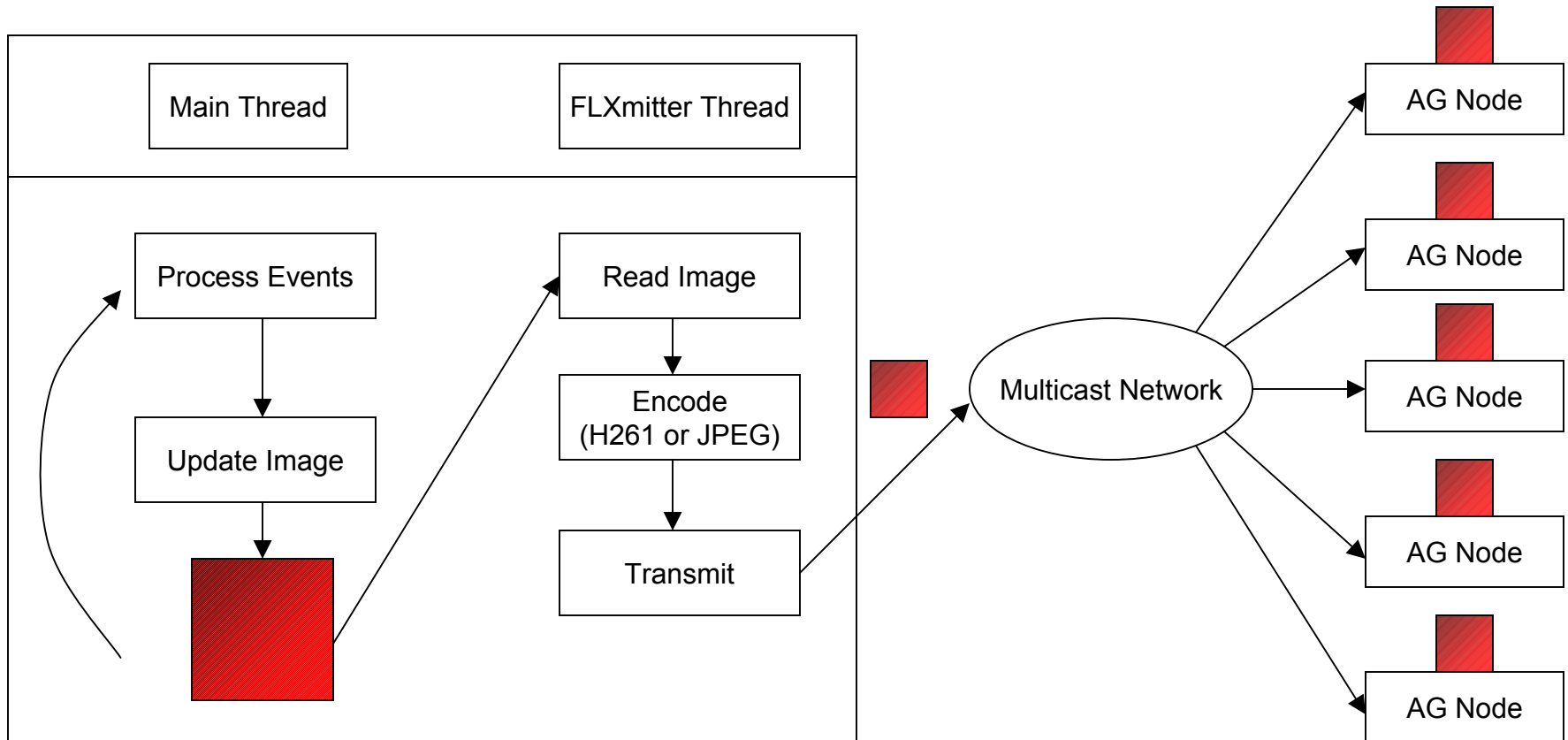


Distributed Medical Visualization: Client Component

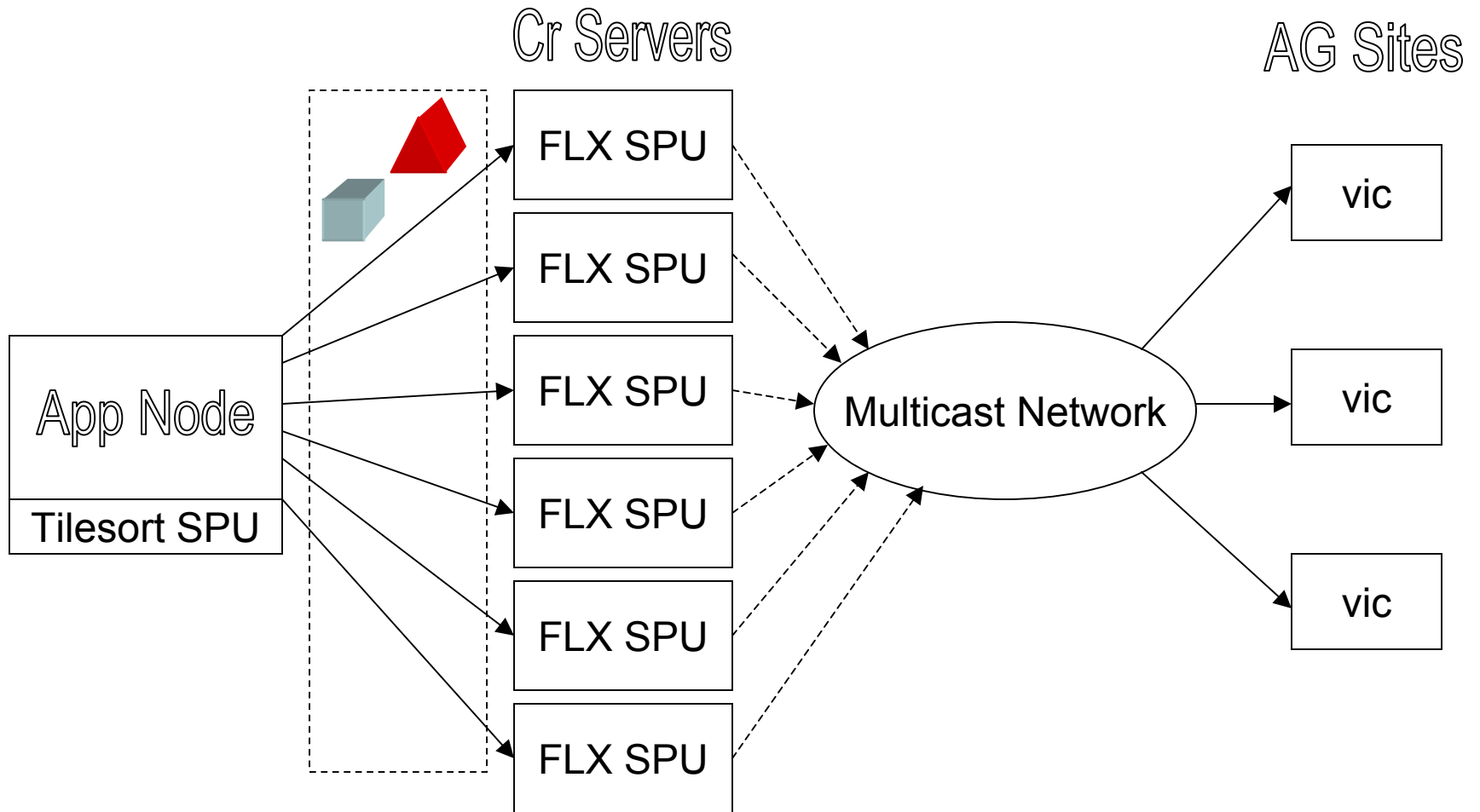
- Customized VIC Client
 - Modified OpenMASH VIC tool
 - Bonds multiple video streams to support high-resolution visualization
 - Captures mouse and keyboard events to allow client interaction
- Client-side AG integration component / visualization GUI
 - Provides AG integration, retrieving startup data and allowing for 'one-click' startup from the venue client
 - Provides a 'filter' for mouse/keyboard events from VIC client, to reduce event processing or provide explicit floor control
 - Provides GUI interface for additional configuration options



System Flow



Example Layout (3x2)

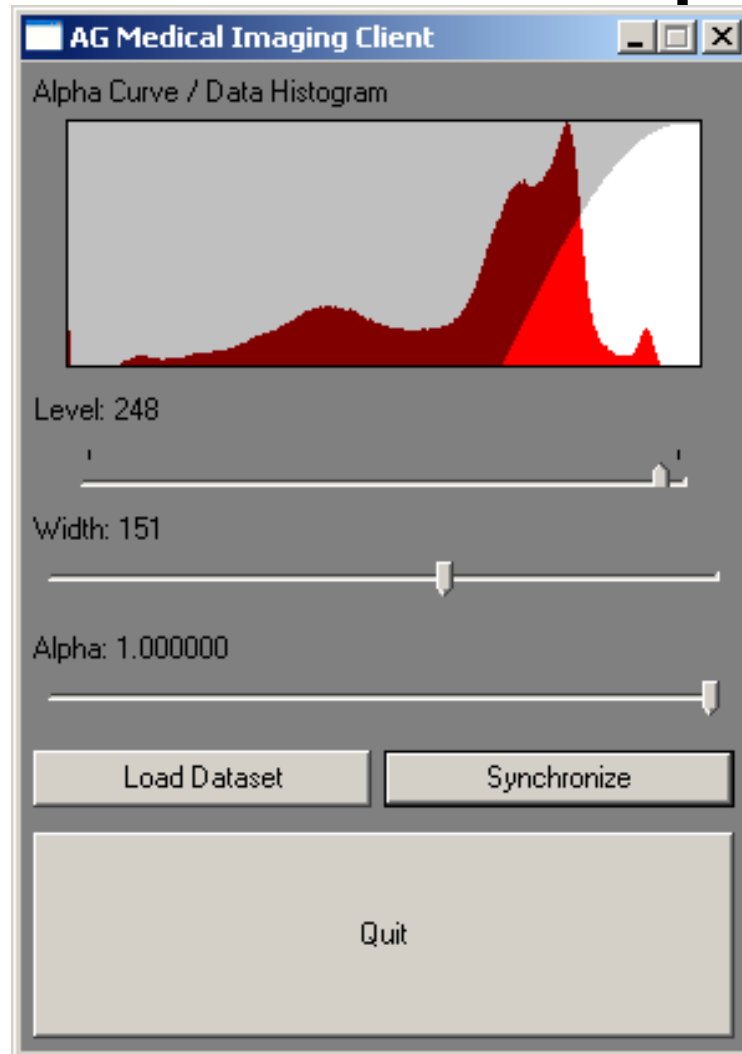


Access Grid Medical Visualization Features Implemented

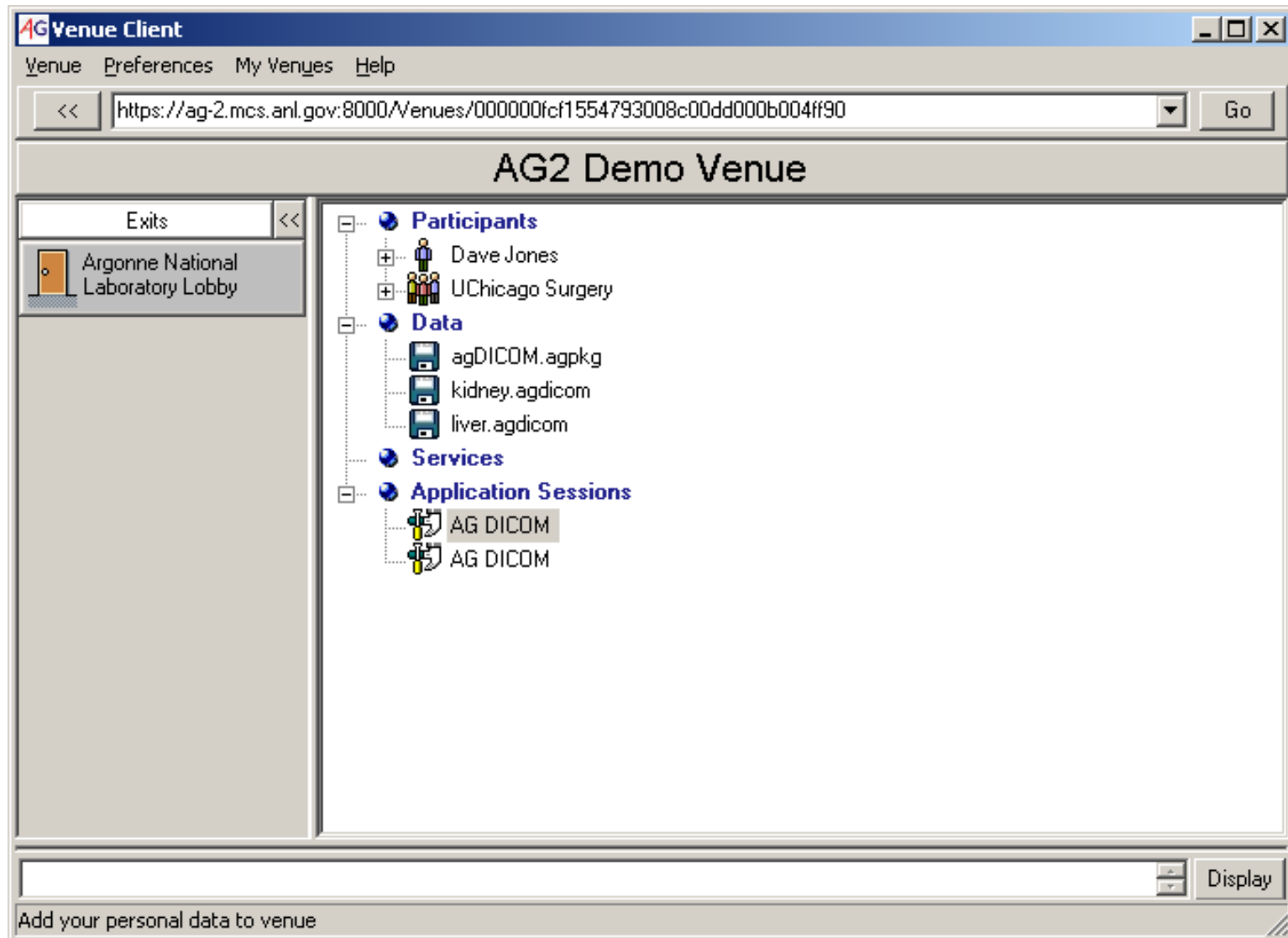
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Screenshot of Simple GUI



Screenshot of Venue Client



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Conclusions

- The Access Grid is increasingly affordable.
- Collaborative visualization is increasingly important to biomedical research, education, and clinical care.
- Shared AG Applications make distributed collaborative biomedical visualization more feasible (among groups in the same institution and across geographically diverse institutions).
- Medical Centers may find AG technologies essential.



Future Work

- Expand file input features, including support for standard and time-dependent DICOM studies, pre-segmented data, etc...
- Deploy alternate renderers including parallel rendering.
- Make this type of application update faster with higher resolution data.
- Deploy stereo rendering for nodes that support it.



Questions?

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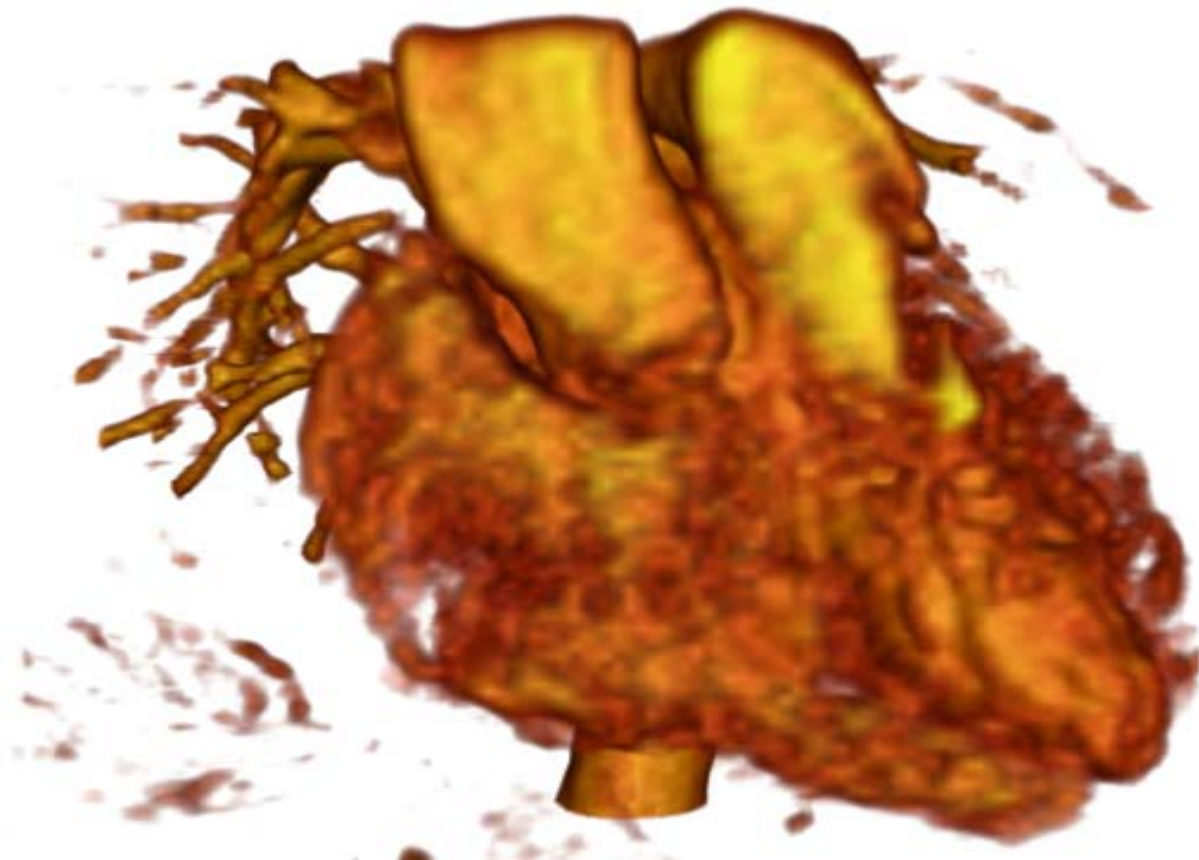
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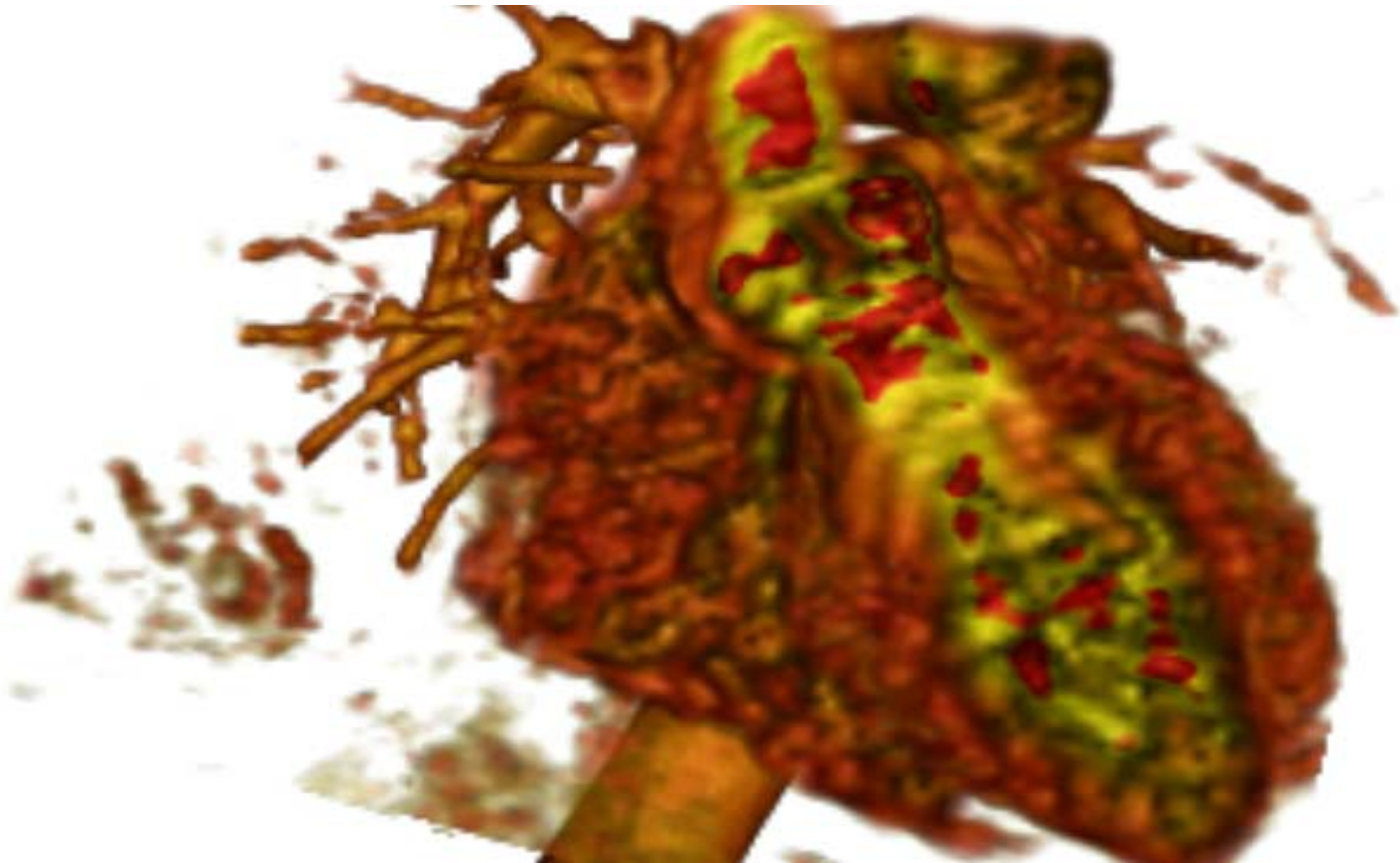
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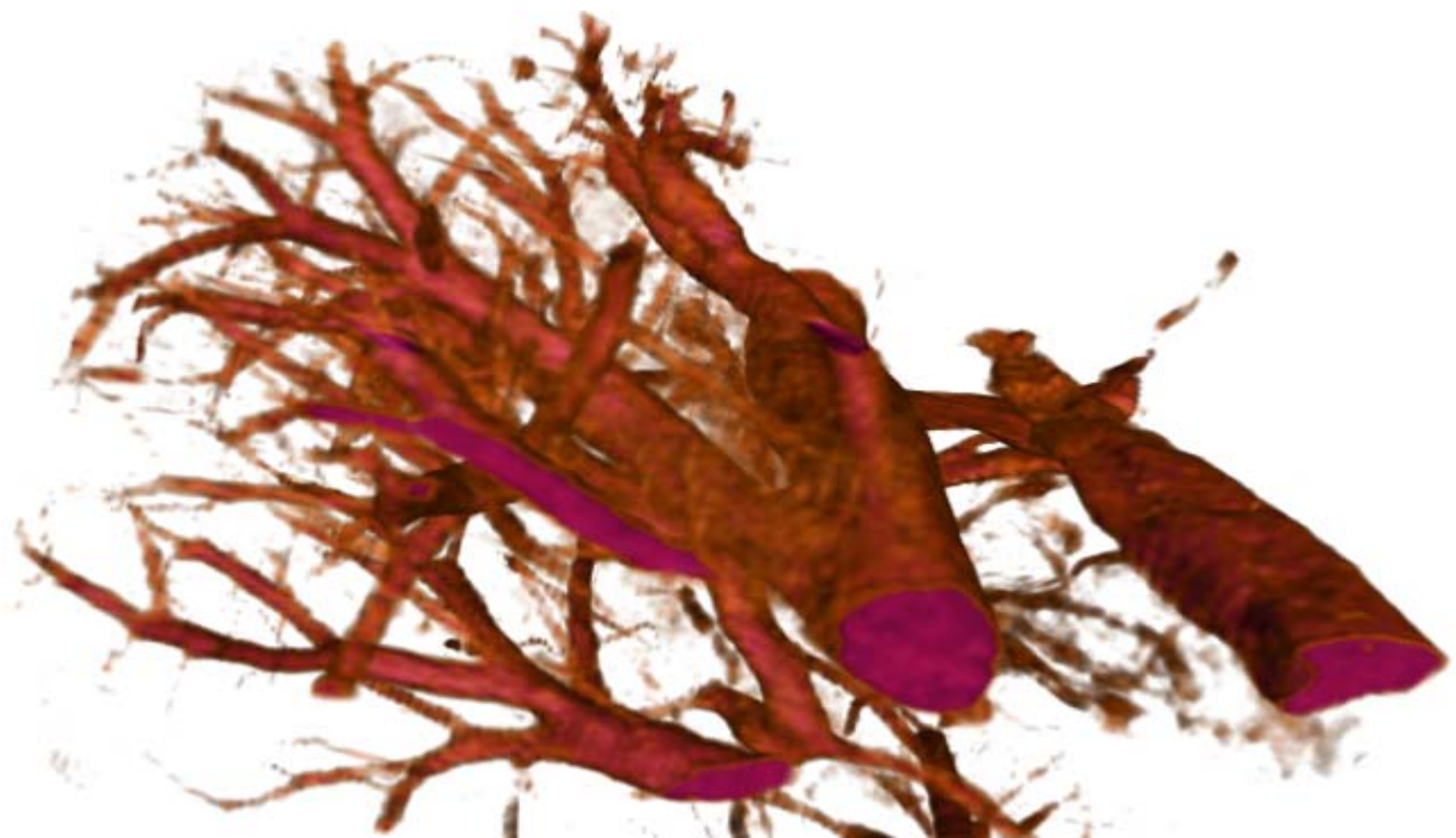
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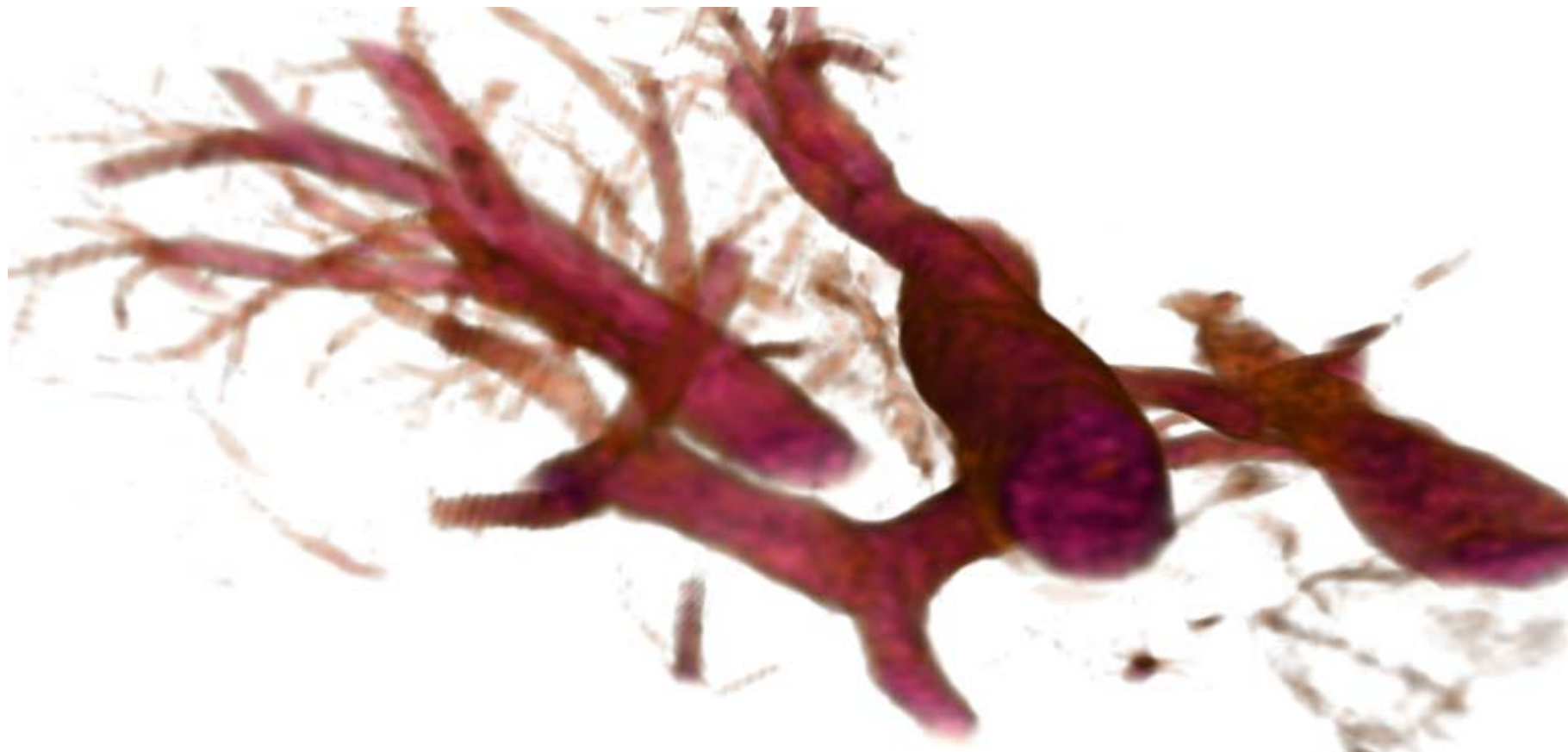
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